STATEMENT OF

FORM 1	ORGANIZATION					Office Use Only		
NAME OF COMMITTEE (in full)		(Check if na is changed)		ample:If typing, type or the lines.	12FE4M			
MASSACH	USET	TS HORS	E ASSC	CIATION	1 1 1 1 1			
		4504 0 11						
ADDRESS (number and street)		1504 S. H	ouston	Street	11111			
(Check if address is changed)		Kaufman			TX	75142	- -	
			CITY		STATE	ZIP C	ODE	
COMMITTEE'S E-MA	address	•	-	ddress) ion@gmail,	com, , ,		<u></u>	
COMMITTEE'S WEE	address		uşettsho	prseassocia	tion.tum	bir,com		
2. DATE 10)*`]′ 9]	° 2012						
3. FEC IDENTIFIC	CATION NU	IMBER	C 0052	6822				
4. IS THIS STATE	MENT	NEW (N)	OR 2	AMENDED (A)				
I certify that I have	examined th	is Statement and to	the best of my	knowledge and belief	it is true, corre	ect and complete.		
Type or Print Name	of Treasurer	Julie Car	ramante) 	····			
Signature of Treasur	er 🔾	min C	aran	nante	Date 1	0" (09")	2012	
NOTE: Submission of				ubject the person signing			2 U.S.C. §437g.	
Office Use				For further information Federal Election Commis Toll Free 800-424-9530		FEC FC	•	